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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 881

SERIAL NUMBER 09/031,629	FILING DATE 02/27/1998  RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 11275/73537
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## APPLICANTS

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TAKUMA HAYASHI, CAMBRIDGE, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/28/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 18	TOTAL CLAIMS 64	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>			

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## TITLE

METHODS FOR DIAGNOSING AND TREATING AUTOIMMUNE DISEASE

FILING FEE  RECEIVED 2380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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CONFIRMATION NO. 8880

<b>SERIAL NUMBER</b> 09/031,629	<b>FILING OR 371(c) DATE</b> 02/27/1998 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 11275/73537
<b>APPLICANTS</b> DENISE FAUSTMAN, WESTON, MA; TAKUMA HAYASHI, CAMBRIDGE, MA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/28/1993				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 64
Verified and Acknowledged	Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 9	
<b>ADDRESS</b> 29933				
<b>TITLE</b> METHODS FOR DIAGNOSING AND TREATING AUTOIMMUNE DISEASE				
<b>FILING FEE RECEIVED</b> 2680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____	